

**Department of Motor Vehicle Safety  
Motor Vehicle Section (404) 363-7149  
1200 Tradeport Blvd., Hapeville, GA 30354  
P.O. Box 161227, Atlanta, GA 30321  
[www.gadmvs.com](http://www.gadmvs.com)**

## **SINGLE STATE REGISTRATION For Florida Based Carriers**

- 1) Before any motor carrier engaged in interstate operations under the authority issued by the Federal Motor Carrier Safety shall operate any motor vehicle on or over any public highway of the State of Georgia, it shall obtain from the Department of Motor Vehicle Safety or the carrier's designated base state a registration receipt issued pursuant to rules promulgated by the Federal Motor Carrier Safety Administration as determined by federal law.
- 2) The motor carrier must select its Single State Registration state. This is the carrier's principal place of business if that state is a participant in the Single State Registration Program. Carriers whose principal place of business is located in Alaska, Arizona, Delaware, Florida, Hawaii, Oregon, Pennsylvania, New Jersey, Nevada, Maryland, Vermont, Wyoming, District of Columbia, or Canada must select its Single State Registration state by determining in which participating state the carrier will operate the largest number of vehicles during the registration year.
- 3) The motor carrier must file an annual uniform application form with the registration state and submit appropriate fees based on the number of vehicles intended to be operated in each respective state times that state's per vehicle fee. **There will be no proration of fees or refunds.**
- 4) For the initial year of registration, additional documents are required to be file with the uniform application form: copy of Certificate or Permit issued by the Federal Motor Carrier Safety and copy of Form BOC-3, proof of designation of agents for all states in which the carrier intends to operate.
- 5) After your application has been accepted and the appropriate fees have been paid, a registration receipt will be issued to the motor carrier. The motor carrier should make photocopies of this receipt and place a copy in each vehicle for which fees have been paid. ***Any vehicle found without a proper registration receipt in the vehicle will be subject to penalties as provided under Georgia law.***

**If you are choosing Georgia as your base state you should follow the procedures on the attached instruction sheet.**

**IMPORTANT:** Before you can apply to Georgia for Single State Registration you must have been granted authority from the Federal Motor Carrier Safety.

# **SINGLE STATE REGISTRATION**

## **INSTRUCTIONS**

**DO NOT SEND PERSONAL CHECKS OR COMPANY CHECKS!**  
**Only Cashier's Checks, Certified Checks, Or Money Orders Will Be Accepted.**  
**No cash will be accepted by mail.**

1. Complete and sign Form RS-1. The name listed under Applicant must be the same name that is listed on your Certificate or Permit from the Federal Motor Carrier Safety (FMCSA Order).
2. Select the correct Form RS-2 Fee Schedule.
  - Verify that you are completing the Fee Schedule for your state. The state is listed at the top of the page under the words 'Form RS-2'.
  - If you are transporting property, fill out the Truck Fee Schedule.
  - If you are transporting passengers, fill out the Passenger Fee Schedule.
  - Alaska, Arizona, Delaware, Florida, Hawaii, Oregon, Pennsylvania, New Jersey, Nevada, Maryland, Vermont, Wyoming, District of Columbia, or Canada do not participate in the single state registration and will not appear on the Fee Schedule. Contact each state for registration information.

On the RS-2, multiply the total number of vehicles you have traveling in each state times each state's vehicle fee and remit the total of all states with your application.

Example:

If you have two vehicles operating in the state of Georgia, write the number 2 in Column B (Total number of vehicles) and multiply 2 x \$5.00 (Georgia's per vehicle fee). Write \$10.00 in Column D.

(A) PARTICIPATING STATES	(B) TOTAL NUMBER OF VEHICLES	(C) PER VEHICLE FEE	(D) FEE TIMES NO. OF VEHICLES (BXC)
<b>GEORGIA</b>	2	<b>5.00</b>	\$10.00

Total all amounts in Column D and write that total at the bottom of the page. This is the amount that must be submitted. **There will be no proration of fees or refunds.**

3. Attach a copy of your Certificate or Permit from the Federal Motor Carrier Safety.  
**The words Certificate or Permit must appear at the top of the page.** If they do not appear, read the document closely. If the letter's first two sentences are 'The above application has been reviewed and accepted by the Motor Carrier Board. This letter does not constitute authority to operate.' You have not been granted authority as of the date on the letter. Contact the FMCSA at 202-358-7106 for the status of your federal application.
4. Attach a copy of your Form BOC-3. This is proof of designation of agents for all states in which you operate.

**Applications submitted without proper attachments will be returned.**

**This application does not grant you the authority to operate Intrastate.**  
**If you pick up a load and deliver the same load within the State of Georgia,**  
**you must obtain Georgia Intrastate authority.**

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## Form RS-1

Uniform Application For Single State Registration For Motor Carriers Operating Under  
Authority Issued By The Federal Motor Carrier Safety Administration (FMCSA)

### **MOTOR CARRIER IDENTIFICATION NUMBERS:**

ICC MC No. \_\_\_\_\_

US DOT No. \_\_\_\_\_

FEIN No. or SSN No. \_\_\_\_\_

### **APPLICANT:** (Identical to name on FMCSA certificate or permit)

NAME \_\_\_\_\_

D/B/A \_\_\_\_\_  
(DOING BUSINESS AS)

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

### **PRINCIPAL PLACE OF BUSINESS ADDRESS:**<sup>1</sup>

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

### **MAILING ADDRESS:** (if different than business address above)

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

### **TYPE OF REGISTRATION:**

- ( ) New Carrier Registration - The Motor Carrier has not previously registered.  
( ) Annual Registration - The Motor Carrier is renewing its annual registration.  
( ) Supplemental Registration - The Motor Carrier is adding additional vehicles or states of travel after its annual registration.  
( ) New Registration State Selection - The Motor Carrier has changed its principal place of business.  
( ) Name Change - The Motor Carrier has changed its name and has attached a copy of the Reentitlement from the Federal Motor Carrier Safety Administration and Form BOC-3 reflecting carrier's new name.

### **TYPE OF MOTOR CARRIER:** ( ) Individual ( ) Partnership ( ) Corporation

If corporation, give state in which incorporated: \_\_\_\_\_

### **List name of partners or officers:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

<sup>1</sup> A principal place of business is a single location that serves as a Motor Carrier's headquarters and where it maintains or can make available its operation records.

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**FMCSA CERTIFICATE(S) OR PERMIT(S):**

- ☐ FMCSA Authority Order(s) attached for initial registration. **Applications received without certificate or permit attached will be returned.**
- ☐ FMCSA Authority Order(s) attached for additional grants received.
- ☐ No change from prior year registration.

**PROOF OF PUBLIC LIABILITY SECURITY:**

- ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security submitted to and accepted by the FMCSA under 49 CFR Part 1043.
- ☐ The applicant has filed, or caused to be filed, a copy of its proof of public liability security submitted to and accepted by the FMCSA under 49 CFR Part 1043 and the security remains in effect.

**HAZARDOUS MATERIALS:** (check one)

- ☐ The applicant will not haul hazardous materials in any quantity.
- ☐ The applicant will haul hazardous materials that require the following limits in accordance with Title 49 CFR 1043.2:
  - ☐ Public Liability and Property Damage Insurance of \$1 million.
  - ☐ Public Liability and property Damage Insurance of \$5 million.

**PROCESS AGENT:**

- ☐ FMCSA Form No. BOC-3 or blanket designation attached for new registration. **Applications received without BOC-3 attached will be returned.**
- ☐ FMCSA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agent.
- ☐ No change from prior year registration.

**CERTIFICATION:**

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.  
(Penalty provisions subject to the laws of the registration state.)

**Name** (printed) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_